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ABSTRACT

Children of alcoholic parents often defend against family instability by adopting roles (hero, scapegoat, lost child, mascot) which bring a semblance of stability to the family. While one role may seem to dominate the character of an individual child, all four roles may be seen in the same child; at times conditions may cause an exchange of roles. Adult children of alcoholics often exhibit swings in mood and behavior similar to the role exchanges in children. Behavioral and emotional characteristics common to adult children of alcoholics include low self-esteem, constant need for approval, self-criticism and difficulty in interpersonal relationships. These characteristics are often associated with failure in the developmental process of separation and individuation. Forces in the alcoholic family may hamper children's efforts to separate from their parents and grow into mature individuated adults. Instead, a distorted, false self arises which is unstable and vulnerable to breakdowns or shifts in ego states. Much of the difficulty that adult children of alcoholics encounter in separating from their parents stems from their capacity for attachment and love, and their ability to empathize. These characteristics can be put to good use in treatment of the adult children of alcoholics. (NRB)

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CHILDREN OF ALCOHOLICS: PATTERNS OF DYSFUNCTION IN ADULT LIFE

A Presentation to the Convention of the American Psychological Association, Toronto, 1984

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by

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INTRODUCTION

There is a growing professional awareness today that there are a substantial number of people, in and out of treatment, who have been deeply affected by the alcoholism of one or both of their parents. My presentation this early, early Monday morning will attempt to summarize several of the important characteristics and conflicts of the adult child of alcohol-dependent parents(s) and to provide a theoretic model to explain the development of such conflicts. My co-presenter, Mr. Tom Perrin, will then describe to you a group program for the reduction of some of these difficulties.

PART I

The Adult Child of the Alcoholic: Concealment and Contradictions

Historically, the literature concerning the impact of parental alcoholism has emphasized the tendency of children in these families to defend against the instability, aggression and feelings of shame that seem to pervade such households by adopting certain "roles" which serve to bring some semblance of stability to the family and one's own psychological experience, and to mask intense and painful

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emotions which, if openly expressed, might shatter one's self-esteem, as well as the fragile family structure. Sharon Wegscheider suggests that the most common childhood roles include that of the hero, the scapegoat, the lost child and the mascot.

Wegscheider describes the hero as a highly conforming, highly achieving, "good child" who seeks to redeem the failing family, as well as to justify his or her own existence, through great accomplishments and noble deeds. Family therapists might also call this individual the "parental" child, the child who assumes, or is forced to assume, an inappropriate amount of responsibility for siblings, and for the household in general. The unconscious goal of the hero is to be so good, that the drinking parent will be filled with pride and good feelings, and thus be empowered or persudaded to stop drinking and to become a fully functioning member of the family once again. Since this end is actually beyond the hero's ability to effect, it is usually doomed to failure, and so is the hero. Therefore, this child, though he or she may indeed perform many other wonders, will always be haunted by the sense that nothing that has been accomplished is truly satisfying, or really enough.

The hero is usually the first-born, and when the scapegoat comes along at some later time, he finds that the family's limited capacity for enthusiasm and encouragement has been more or less fully expended upon the hero. The

scapegoat copes with his disappointment and sense of loss through rebellion, risk-taking and frequently, delinquency. At times, it seems as though only acts of destructiveness are capable of answering the emptiness of the scapegoat, or of helping him to reclaim a part of the limelight that the hero has usurped.

The lost child retreats from the world of interpersonal relationships into an inner world of fantasy and self-preoccupation. The mascot is the "class clown", who, like the hero, seeks positive attention for herself and strives to produce a feeling of warmth and well-being in the strained family atmosphere. Wegscheider calls this child " a Pagliacci hiding his own pain behind a permanently painted grin".

While a particular role will seem to dominate the character of a particular child, aspects of all four roles may be seen in an individual child, and certain conditions may trigger a wholesale exchange of roles. For example, many a scapegoat has taken up the standard of an heroic sib whose early accomplishments have carried her off to a school or career far from home. And, as we shall see, many heroes display aperiodic bursts of aggression and recklessness of the sort that is so prominently and chronically featured in the personality of the scapegoat.

For a long time, our understanding of children of alcoholics has rested upon our conception of these four childhood roles. More recently, the literature has reflected a concern with what happens, when, as so often is true, the child in an alcoholic family remains untreated into

adulthood. Authors such as Janet Woitiz (1984) and Thomas Perrin (1984) have tackled this problem by compiling lists of behavioral and emotional characteristics that seem to appear with great regularity in the adult child of alcoholic parents. The characteristics proposed by both writers suggest a general and severe curtailment of the capacity for love and work. Important problems seem to include an overall lowering of self-esteem, a fundamental ignorance of the requirements and workings of "normal" human relationships, a tendency to engage in harsh and uncompromising self-criticism, difficulty in relaxing and having fun, a constant need for approval and affirmation, and an excessive preoccupation with acquiring and maintaining control of relationships and events. Upon reading the work of Woititz and Perrin, one is struck by the number of seeming contradictions in the behavior of adult children of alcoholic parents. It is said, for example, that these individuals are "super responsible or super irresponsible", that they dislike change yet display an often self-destructive impulsivity, and that they "fear failure yet sabotage success". Further, while these individuals are described as maintaining unflagging loyalty and commitment, even in the face of incontrovertible evidence that it is undeserved, it is also said that they are consistently unable to complete projects that they have undertaken or to maintain close relationships over long periods of time. In fact, it has been my observation that, while adult children of alcoholics will

regularly enter into and become lost in, the most difficult and punishing of situations and relationships, and will persist in their efforts to raise a phoenix from the ashes for what often seems to me an agonizing eternity, they are also capable of precipitous abandonment of these "projects", as it were. These abandonments often have destructive consequences, for themselves and for others. I have come to think of these swings in behavior and mood as a shift in ego state; that is, as a transition from a mode that is dominated by the dutifulness and compassion of the hero to one in which the aggression of the scapegoat is ascendant. I will discuss the conditions under which such shifts occur, and provide an explanation for them a bit later on. For now, let me present the example of a patient of mine who, for years, regularly worked 60 hour weeks in her alcoholic mother's business, in order to complete her mother's work as well as her own. This behavior clearly seemed designed to forestall customers' awareness of her mother's illness and the chronic mismanagement of the office that resulted from it. It caused the patient to neglect her own family responsibilities, as well as her therapy appointments and university classes. At the same time however, this long-suffering woman was also capable, when provoked, of taking three week vacations, without notice, just prior to an important dealine. Not infrequently, these "vacations" grew into the same sort of alcoholic binge that my patient so deplored in her mother. Interestingly, the provocation for these "great escapes" was usually an act of alcohol-induced treachery committed either

by her mother, or the patient's alcoholic boyfriend. I should note at this point that it has been my consistent experience that that adult children of alcoholics are deeply and masochistically involved with their parents and siblings. One twenty-six year old, who sufferred severe allergies, and whose parents were only in their mid-fifties and whose father was alcoholic, said, "The only place I've ever been able to breathe normally is in Arizona. I'd like to move there, but I feel I can't while my parents are still alive. My father, especially, depends on me to cheer him up."

In sum, the individual who grows up in an alcoholic family is a study in self-concealment, masochistic self-sacricifice, and, apparently in contradictory extremes of behavior. Observations made by Sharon Wegscheider, Claudia Black, Janet Woititz and Tom Perrin have been essential in alerting us to the distress of the adult child of the alcoholic and in providing us with a topographic model of the problems faced by this population. I believe, however that their work can now be the springboard for a deeper, theoretic probing that will tie observations made in the field to an existing body of literature concerning the normal and pathological development of the self. The second part of my presentation this morning will be an attempt at such a probe.

PART II

Normal and Pathological Development of the Self: The Problem of Separation and Individuation

W.W. Meissner points out in his recent text that the

developmental process of separatin and individuation, which begins with a symbiotic tie to a mothering figure and which culminates in the development of a firm and differentiated sense of self is "fraught with peril", that "few...negotiate it successfully", and that "some, indeed, fail...quite miserably" (p.387). The earmarks of a failure to separate and individuate strongly recall the behavioral and emotional difficulties of the adult child of the alcoholic as I have summarized them above. For example, as Meissner points out, successful individuation is linked to the capacity to maintain one's attachment to, and regard for, another despite the inevitable disappointments, conflicts and disillusionments that arise in the course of any human relationship (Meissner, 1984). That is, there is a sense of continuity and sameness that characterizes intrapsychic and interpersonal processes once a coherent, cohesive self has been established. Such stability conspicuously absent in many adult children of alcoholics, who, as we have seen, are often erratic and extreme in their handling of vocational and interpersonal commitments.

A defective sense of self also results in a constant need for praise and affirmation from others (Meissner, 1984), and as I noted previously, this is another oft-cited feature of the adult child of the alcoholic. Where there is little sense of inner control and direction, there is also, frequently, an excessive, sometimes fantical devotion to causes, beliefs and leaders that seem to offer a possibility

of focus and stability. This, of course, suggests the apparent loss of self experienced by adult children when they become so intensely involved with "lost" causes, or the effort to raise a phoenix from the ashes that I described before.

Perhaps most importantly, our literature tells us that a firm, integrated sense of self not only facilitates stable commitment to objects, but also increases the ability to tolerate difference and separateness from those we love and admire. The shakey, undifferentiated self cannot stand apart and retains a persistent, intense emotional attachment to the family, focussing narrowly and obsessively on their needs, at the expense of personal well-being. Meissner remarks that, while "one of the most important features" of the mature, individuated self is "the capacity to buffer himself against the hurts, pain, and suffering of others around him", that this feature is conspicuous by its absence in poorly individuated persons, who seem unable to maintain their own emotional functioning when another family member is in crisis, and tend to suffer as severely as if it were their own. The individual who finds him or herself tangled up in this Joycean "net" remains in a position of compliant submission vis-a-vis the family (as did the "heroic", young allergy-sufferer I described a bit ago), or, according to Meissner, attempts to resolve the dilemma by a rebellious denial of dependence and an exaggerated display of adequacy and independence that conceals the conflict and "faltering, fragile" sense of self underneath (p. 388). In other words,

true spontaneity and individuality are lost as the child either allows itself to be absorbed by the needs of its troubled parents or engages in a desperate and equally self-suffocating attempt to repell the onslaught by defining itself through total opposition to them.

A deeper understanding of the loss of self that occurs under such circumstances may come from an examination of the work of D.W. Winnicott (1958) who introduced the concept of the "false self", a persona erected by a child in a troubled environment to protect his inner life and core being from a failure of parental care and adaptation. Winnicott found that "good-enough" child care, care which reliably adapts itself to the child's compelling need, results in eventual individuation. However, if parents cannot respond to the child's need, and force the child to constantly react to and submit to their own needs, the child's ego will not undergo a natural unfolding and differentiation. Instead, it will become more or less a "collection of reactions" to the parents' failures. This "collection of reactions", or "false self" abandons play and other carefree childish pursuits in a desperate effort to comply with the harsh conditions in the environment. In this case, a true, "core" self may continue to exist, but only at a deep and remote region of the personality. That is, to the extent that the parents needs impinge upon the child, the more the child is inclined to withdraw aspects of the true self from engagement with them, and with other parts of the environment, in order

to protect this core from ultimate destruction. While the false self is an aspect of the true self and may be "conveniently society-syntonic", it is inherently unstable, and said by Winnicott to be incapable of experiencing life or feeling real (p. 296). I believe that the concept of the false self and the conditions that foster it's emergence, can be applied to the alcoholic household. In such homes, the possibility of good-enough care is lost to a preoccupation with the pursuit and use of alcohol, as well as with the need to conceal, deny and compensate for this fact. The alcoholic, and his/her enabling spouse have little available energy to devote to an adaptation to the needs of small children. Rather, the children are forced to adapt to a chaotic reality, and very often, to nurture and support their parents, when they are drunk or despairing, or otherwise broken down. Thus, the children adopt false selves, in the form of "roles", such as the hero, the scapegoat, the lost child or the mascot, which are based on the defensive incorporation of certain aspects of parental character, rather than the mature identification that might occur under healthier circumstances. These false selves represent an attempt to deal with the parents' failure to parent and both conceal and protect important aspects of inner reality. I should add that the false self is a largely unconscious device, and that, much as the active alcoholic remains deluded as to the dimensions and destructive impact of his/her drinking problem, the child of the alcoholic remains grossly unaware of many aspects of his/her inner experience,

as well as the fact of his/her estrangement from it.

The false self has been described as a passive, masochistic position, which defends the individual against unconscious aggression and feelings of superiority (Meissner, 1984). As we have seen however, the child may "comply" with an antagonistic environment by erecting a false self that is overtly organized around aggression, rebellion and a sense of superiority--to whit, the scapegoat. In this case, the individual denies vulnerability, and need, as well as damaged self-esteem. We have also seen that "roles" or false selves as they appear in the alcoholic famiy are often unstable entities, and that the the long-suffering, self-sacrificing individual who wears the hero's mantle by day, may display the scapegoat's bolder colors on other occasions, giving little doubt as to an underlying capacity for rebellion and aggression. Another clear example of such oscillation was a patient of mine who was the eldest child of an alcoholic mother and who worked as a police detective. His most cherished roles at work emphasized protection and rescue and he spent much of the little free time available to him working to find jobs and meaningful community service activities for troubled adolescents whom he met in the course of performing volunteer work for a religious organization. This individual, a genuinely dedicated and compassionate young man, was the subject of numerous brutality complaints, not only from persons he arrested, but also from uninvolved witnesses to these arrests. My client never denied such charges, but defended his behavior as justifiable in all

circumstances, and saw in it no contradiction to other aspects of his life.

If the acquisition of roles such as the family hero and the scapegoat reflect a pathology of the self-organization in children of alcoholics, then perhaps these extreme and frightening shifts of role, behavior, mood and perspective can be explained in such terms as well. Edith Jacobson (1971) has, in fact, related mood swings to an impairment of self that is the outcome of a failure of separation and individuation. She finds that a blurring of boundaries between the self and the parent results in an incomplete and damaged self that is subjectively experienced by the individual as helpless and as ever in need of the strength and protection of powerful, invulnerable, ideal objects. Since no object (person, institution, or cause) is truly ideal and flawless, one can only answer such a need by attaching oneself to an imperfect object and elevating it to a magical, ideal state through the use of illusion and denial, which, of course, are the defenses of choice in the alcoholic family) . This process is first applied to the all too imperfect parents in early childhood, and then repeated many times throughout life, with parent surrogates. It is an effort which calls for a massive investment of psychic energy and which thereby further depletes an already enfeebled self. It thus, insidiously, places the individual in even greater need of an external object to nourish and empower (Freud,

1917). If the use of illusion and denial is self-defeating in this sense, it is also a precarious underpinning for the self. Jacobson calls the situation "inevitably unstable" and believes that disappointment in the object can quickly trigger substantional emotional shifts in the patient. That a disappointment will be forthcoming is assured, since those prone to mood swing (and I consider adult children of alcoholics to be among this group) seem compelled to form these all absorbing attachments with persons almost certain to let them down.

When the disappointment does come, it may temporarily overwhelm the patient's capacity to deny the loved one's flaws. The patient will then, at first, attempt to restore self-esteem by disparaging the loved object in a manner that is as illusory as was the original attempt to glorify it. The object will be derogated (or in the case of the young detective beaten) as the patient reactively identifies with the ideal, all-powerful image of the parent which has been threatened by the failure of the object. Such a response cannot continue for any lengthy period since this might ultimately lead to the complete destruction of the object which is so deeply and desperately needed. Thus, the patient will strive to restore the original configuration by shifting into a state in which there is a masochistic exaggeration of his/ her own flaws and weaknesses, and in which he/she is once again subserviant and inferior to the powerful object. In most cases, this process enables the patient to function

"extraordinarily well" (Jacobson, 1971); for, as long as the object is successfuly rehabilitated and continues to provide love and admiration, the patient can continue to participate in its perceived power. It is in this connection that the police officer would speak of the meaning and value which the police department brought to his life, and why he could not give it up despite his feeling of being isolated and unappreciated at work and regardless of the fact that he had been offerred a corporate position at nearly twice his departmental salary. However, the pathological process may proceed so far that the patient becomes too depleted to restore the object, and in this case, all he or she will be able to do is aggressively devalue the self and the object. The patient fails at this point to participate in the object's power, and only wallows in it's worthlessness. As Jacobson says, this is the last phase of the illness, where the self-image of the patient merges with the deflated, worthless object image. It is at this point, I believe, that the hero becomes the scapegoat, or more precisely, shifts from an identification with the all-powerful parent whom he/she longed for as a child, to an identification with the disappointing parent he/she actually knew. It is at this point that my patients who are typically high achieving family heroes will go on a drunk, or abuse drugs, as did their disappointing parents. They may become themselves neglectful or even abusive parents, if that is what they experienced as children, or sink into helpless despair, if that is what they witnessed in a parent.

What I have tried to do today is to deepen our understanding of the impact of parental alcoholism by describing the forces in the alcoholic family which hamper childrens' efforts to separate from their parents and grow into mature, individuated human beings. We have seen that where the process of separation-individuation is impeded, a distorted, false sel' arises, which is a collection of reactions to, and partial incorporations of, disappointing parents and compensatory ideal figures. The false self is inherently unstable and vulnerable to repeated breakdown in the face of disappointments from loved objects. These breakdowns usually take the form of shifts between ego states which are based on the partial incorporations of with different aspects of ones' parents. All of this said, one may ask if there is any good news about children of alcoholics. I would say in response that much of the difficulty that they encounter in separating from their troubled families stems from their deep capacity for attachment and love and their extraordinary ability to empathize with the suffering of their parents. Such resources can be put to good use in treatment, and I think Mr. Perrin will tell us how.

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